

**SPECIAL ASSISTANT U.S. ATTORNEY'S INFORMATION SHEET**

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Applicant's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

SSN# \_\_\_\_\_ DOB \_\_\_\_\_

Anticipated Effective Date of Appointment \_\_\_\_\_

Law School Attended \_\_\_\_\_

Law School Graduation Date \_\_\_\_\_

Bar Membership(s) \_\_\_\_\_

Title of Current Position: \_\_\_\_\_

Originating Agency Name \_\_\_\_\_

Originating Agency Supervisor \_\_\_\_\_

Originating Agency Address \_\_\_\_\_

Agency Phone # \_\_\_\_\_

Date and level of Current Security Clearance: \_\_\_\_\_

(Must provide proof of completion of name and fingerprint check or adjudication of background investigation. If unable to do so please provide name of Security Specialist and phone number so your level of clearance can be verified.)

Agency's Security Specialist Name \_\_\_\_\_

Agency's Security Specialist Phone Number \_\_\_\_\_

**\*Note: Also, Applicant must provide letter from parent agency on agency letterhead concurring with the detail and the duration and an indication that they are aware that the detail is non-reimbursable.**

\*\*\*\*\*U.S. ATTORNEY'S OFFICE USE ONLY\*\*\*\*\*

Name of Supervisor Requesting Special \_\_\_\_\_

Reason for Appointment: \_\_\_\_\_

(See attached)

Signature of Supervisor: \_\_\_\_\_

Date Requested: \_\_\_\_\_

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If you have any questions regarding the completion of this form, please call Barbara Aniyikaiye at (202) 616-0809